

RENTAL APPLICATION – SPECIAL PROGRAMS

COMPLEX

LAST NAME OF APPLICANT
1

FIRST

INITIAL

DAY PHONE

STREET ADDRESS

CITY

STATE

ZIP

EVENING PHONE

DATE OF BIRTH

AGE

SEX
☐ M
☐ F

SOCIAL SECURITY NO.

DRIVER'S LICENSE NO.

CITZ

ETH

RACE

ARE YOU A STUDENT?
☐ FULL TIME
☐ PART TIME

MARKETING SOURCE

LAST NAME OF CO-APPLICANT
2

FIRST

INITIAL

DAY PHONE

DATE OF BIRTH

AGE

SEX
☐ M
☐ F

SOCIAL SECURITY NO.

DRIVER'S LICENSE NO.

CITZ

ETH

RACE

ARE YOU A STUDENT?
☐ FULL TIME
☐ PART TIME

ARE YOU CURRENTLY RECEIVING SECTION 8
☐ YES ☐ NO

RELATIONSHIP OF CO-APPLICANT TO APPLICANT

PREFERRED BEDROOM SIZE

CITIZENSHIP (CITZ)
C = Citizen EN = Eligible Non Citizen IN = Ineligible Non Citizen

ETHNICITY (ETH)
H = Hispanic NH = Non Hispanic

RACE: A = Asian W = White H = Native Hawaiian or Other Pacific Islander
B = Black or African American I = American Indian or Alaskan Native O = Other

ELDERLY STATUS
☐ OVER 62 ☐ DISABLED/HANDICAP

DO YOU NEED AN ACCESSIBLE UNIT
☐ YES ☐ NO

PETS
☐ NO ☐ YES – IF YES, WHAT KIND?

APARTMENT TO BE OCCUPIED
BY # PERSONS

OTHER OCCUPANTS
DO NOT LIST YOURSELF OR YOUR CO-APPLICANT. IF MORE THAN 8, USE *ADDITIONAL INFORMATION ON REVERSE SIDE.

| LAST NAME | FIRST NAME | BIRTH DATE | AGE | SEX M F | CITZ | ETH | RACE | SOCIAL SECURITY # | RELATIONSHIP TO APPLICANT |
|-----------|------------|------------|-----|------------|------|-----|------|-------------------|---------------------------|
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |

INCOME SOURCES

LIST SOURCES OF INCOME FOR ALL FAMILY MEMBERS 18 YEARS OR OLDER. TOTAL MONTHLY INCOME FOR HOUSEHOLD.

| Employment | SSI | Unemployment | Other (Type) |
|--------------------------|-------------------------|------------------------|--------------|
| \$ / per | \$ / per | \$ / per | |
| \$ / per | \$ / per | Pension \$ / per | |
| \$ / per | AFDC \$ / per | Pension \$ / per | \$ / per |
| Social Security \$ / per | General Relief \$ / per | Child Support \$ / per | |
| Social Security \$ / per | Unemployment \$ / per | Alimony \$ / per | \$ / per |

BANK ACCOUNTS
☐ YES Average Balance \$ ☐ NO

SAVINGS
☐ YES Amount \$ ☐ NO

PRESENT EMPLOYER

COMPANY NAME

TELEPHONE

SALARY

DATE OF EMPLOYMENT FROM:

ADDRESS

PRESENT EMPLOYER

COMPANY NAME

TELEPHONE

SALARY

DATE OF EMPLOYMENT FROM:

ADDRESS

PRESENT EMPLOYER

COMPANY NAME

TELEPHONE

SALARY

DATE OF EMPLOYMENT FROM:

ADDRESS

BEFORE SIGNING, THIS APPLICATION MUST BE FILLED OUT COMPLETELY ON BOTH SIDES. BOTH SIDES MUST BE COMPLETE TO PROCESS.

We are an equal housing opportunity provider. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act.

Your signature below authorizes management to obtain a "consumer report" at any time during the application process or any time after initial occupancy as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681 a(d), seeking information on creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

OWNER OR AGENT HAS THE RIGHT TO REJECT THIS APPLICATION AND RETURN THE DEPOSIT(S) AT ANY TIME PRIOR TO EXECUTION OF A LEASE AGREEMENT. IF APPLICANT(S) WITHDRAWS APPLICATION OR FAILS TO EXECUTE A LEASE AGREEMENT UPON REQUEST OF OWNER OR AGENT, THE DEPOSIT(S) MAY BE RETAINED BY OWNER AS LIQUIDATED DAMAGES.

Applicant(s) hereby represents that the statements on both sides are true and complete, and authorizes inquiries of any statement made herein.

APPLICANT SIGNATURE
X

DATE



CO-APPLICANT SIGNATURE
X

DATE

RESIDENT MANAGER SIGNATURE

DATE RECEIVED

TIME RECEIVED

LMG-051 (4/11)

RECEIPT FOR APPLICATION

APPLICANT NAME:

RESIDENT MANAGER SIGNATURE

Date

COMPLEX STAMP:

DT Submitted

Time Sub

THIS IS FOR BOOKKEEPING PURPOSES ONLY. IT DOES NOT PERTAIN TO YOUR PLACE ON THE WAITING LIST.

MUST INCLUDE LANDLORD HISTORY FOR LAST 3 YEARS.

| | | | | |
|---|---|---|---|--------------------------|
| PRESENT LANDLORD | NAME | TELEPHONE | MONTHLY PAYMENT | DATES OR RESIDENCE FROM: |
| ADDRESS | | | | TO: |
| REASON FOR LEAVING | | | | |
| PREVIOUS LANDLORD | NAME | TELEPHONE | MONTHLY PAYMENT | DATES OR RESIDENCE FROM: |
| ADDRESS | | | | TO: |
| REASON FOR LEAVING | | | | |
| PREVIOUS LANDLORD | NAME | TELEPHONE | MONTHLY PAYMENT | DATES OR RESIDENCE FROM: |
| ADDRESS | | | | TO: |
| REASON FOR LEAVING | | | | |
| IN CASE OF EMERGENCY NOTIFY | NAME | RELATIONSHIP | TELEPHONE | |
| ADDRESS | | | | |
| OUT OF STATE RESIDENTIAL HISTORY | HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD 18 YEARS OF AGE OR OLDER EVER RESIDED IN ANOTHER STATE? IF SO, PLEASE COMPLETE THE FOLLOWING: SHOULD YOU NEED ADDITIONAL SPACE PLEASE USE A SEPARATE SHEET OF PAPER. | | | |
| NAME OF HOUSEHOLD MEMBER | | DATES OF RESIDENCY | | |
| OUT OF STATE ADDRESS | | CITY | STATE | ZIP |
| NAME OF HOUSEHOLD MEMBER | | DATES OF RESIDENCY | | |
| OUT OF STATE ADDRESS | | CITY | STATE | ZIP |
| NAME OF HOUSEHOLD MEMBER | | DATES OF RESIDENCY | | |
| OUT OF STATE ADDRESS | | CITY | STATE | ZIP |
| PRIOR TENANCY | Has your family's assistance or tenancy in a subsidized housing program ever been terminated for: | | | |
| Fraud <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain | | | | |
| Nonpayment of rent <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain | | | | |
| Failure to cooperate with recertification procedures <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain | | | | |
| CRIMINAL CONVICTION | Have you or any member of your household ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, which family member | | <input type="checkbox"/> misdemeanor or <input type="checkbox"/> felony | If yes, which family member <input type="checkbox"/> misdemeanor or <input type="checkbox"/> felony | |
| WHEN | WHERE - CITY & STATE | WHEN | WHERE - CITY & STATE | |
| EXPLAIN DETAILS | | EXPLAIN DETAILS | | |
| | | | | |
| | | | | |
| • ADDITIONAL COMMENTS | | | | |
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SIGNATURE OF HEAD OF HOUSEHOLD

DATE

WE WILL CONTACT YOU PERIODICALLY BY POSTCARD TO CONFIRM YOUR CONTINUED INTEREST IN THIS COMPLEX. TO INSURE YOUR PLACE ON THE WAITING LIST, YOU MUST INFORM THE MANAGER IF YOUR PHONE NUMBER OR ADDRESS CHANGES.

LEVINE MANAGEMENT GROUP, INC.